

# 2002 UNIFORM BUSINESS REPORT (UBR)

UBR 9 A1

DOCUMENT # **A10010**

1. Entity Name

**EAST BRICKELL ASSOCIATES, LIMITED**

FILED

02 FEB 18 PM 3:53

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business

11880 SW 40TH ST #405  
MIAMI FL 33175

Mailing Address

11880 SW 40TH ST #405  
MIAMI FL 33175

2. Principal Place of Business

**5601 North Dixie Highway**

3. Mailing Address

**5601 North Dixie Highway**

Suite, Apt. #, etc.

**Suite 420**

Suite, Apt. #, etc.

**Suite 420**



DUE BY MAY 1, 2002

City & State

**Ft. Lauderdale, FL**

City & State

**Ft. Lauderdale, FL**

4. FEI Number

**59-2101745**

Applied For

Not Applicable

Zip

**33334**

Country

**USA**

Zip

**33334**

Country

**USA**

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**MUDD, JOHN**

**11880 SW 40TH ST #405**

**MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

**5601 North Dixie Highway, #420**

City

**Ft. Lauderdale**

FL

Zip Code

**33334**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions  
as Shown on record.

**\$1,425,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

DOCUMENT # **M17901**  
NAME **EB-15 REALTY CORP.**  
STREET ADDRESS **11880 SW 40TH ST #405**  
CITY-ST-ZIP **MIAMI FL 33175**

13. ADDRESS CHANGES ONLY

STREET ADDRESS **5601 North Dixie Highway, #420**  
CITY-ST-ZIP **Ft. Lauderdale, FL 33334**

DOCUMENT #  
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STREET ADDRESS  
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**800005022478-3**  
**-02/27/02-01003-018**  
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

**Mayra Diaz**

2/11/02

(954) 202-1998

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (9/01)

STAPLE CHECK HERE